

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Sporanox (Itraconazole) and Lamisil (Terbinafine)

Therapy:

Indicated for the treatment of the following fungal infections in immunocompromised and non-immunocompromised patients:

- A) Treatment of blastomycosis (pulmonary and extrapulmonary)
- B) Treatment of histoplasmosis (including chronic cavitary pulmonary disease and disseminated, non-meningeal histoplasmosis)
- C) Treatment of aspergillosis (pulmonary and extrapulmonary) in patients who are intolerant of or refractory to amphotericin B therapy
- D) Treatment of onychomycosis –**Health Select Plan only**

Inclusions:

- A. Blastomycosis, histoplasmosis, and aspergillosis that is intolerant of or refractory to amphotericin B therapy
- B. Finger nails: Onychomycosis- **Health Select only**
 - Diagnosis confirmed with a fungal diagnostic test (example- KOH or mycological/fungal culture)
 - Member has one of the following-
 - 1) Immunocompromised
 - 2) Diabetes Mellitus
 - 3) Swelling and redness in the surrounding tissue

Authorization:

- A. Initially three month
Longer authorization of six month
- B. **Health Select only-**
 - Fourteen tablets per seven days for two months
 - If needed one month more of fourteen tabs per seven days with additional documentation
 - Maximum not to exceed three months in one year

Medical Director _____

Date _____